

Wisconsin Department of Regulation & Licensing

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR APPRENTICE SALESPERSON LICENSE

APPRENTICE CONTRACT REQUIREMENTS

The apprentice contract, which is prepared and executed by the employing broker, must include:

1. The hourly rate to be paid to the apprentice; caution: refer to applicable minimum wage requirements which take precedence over sec. RL 22.01(8)(c), Wis. Admin. code.
2. The number of hours the apprentice will work each week; a minimum of 20 hours in no less than three days each week.
3. A description of the course of study that will be offered to the apprentice: a minimum of 6 hours in real estate laws and procedures. Four of the 6 hours can be satisfied by the apprentice enrolling in a real estate course at a school recognized by the Department.
4. Schedule of commissions to be paid after the apprentice has obtained a salesperson's license.

License expires ONE year from the date of issuance and may not be renewed.

PLEASE ATTACH THE APPRENTICE CONTRACT TO THIS APPLICATION.

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.

Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

PRINT IN INK

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year		Daytime Telephone Number (____) _____ - _____	
Ethnic/gender status information is optional.	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnic: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other

Have you ever held a license/credential in the state of Wisconsin? _____ Yes _____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

APPLICATION FEE: Please make check payable to Department of Regulation and Licensing and attach to this application.

☐ \$ 10.00 Fee

For Receipting Use Only

For Office Use Only
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Date Granted:

Wisconsin Department of Regulation & Licensing

MARK AN X IN THE APPROPRIATE BOX. If you answer **Yes** to any question, give all details on a separate sheet.

	YES	NO
a. Have you ever been convicted of a misdemeanor or a felony? <u>If YES, submit Form #2252 providing details about the crime, including the date of conviction, court, and penalty.</u> (Please do not give details on minor traffic convictions, but do include information relating to Driving While Intoxicated (DWI) convictions.)	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you incarcerated, on probation or on parole for a conviction? <u>If applicable, submit Form #2252 providing details including the terms of incarceration and, if applicable, list name, address and phone number of your probation or parole officer.</u>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you have any felony or misdemeanor charges pending against you? <u>If YES, submit Form #2252 providing details about the pending charge, including status of the charge and the location of court.</u> (Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) convictions.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u>	<input type="checkbox"/>	<input type="checkbox"/>
e. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and the date of action.</u>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>	<input type="checkbox"/>	<input type="checkbox"/>
g. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If YES, what type of credential? _____ And if in another name, what name? _____	<input type="checkbox"/>	<input type="checkbox"/>

Applicant must sign in the presence of a Notary Public.

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws and rules of the Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public

(Seal)

Date Commission Expires

Wisconsin Department of Regulation & Licensing

SECTION B: BROKER OR SALESPERSON APPLICANT INDICATING EMPLOYMENT UNDER ANOTHER BROKER

BROKER-EMPLOYER IS: ☐ Sole Proprietor Broker ☐ Business Entity (Corporation, Partnership, or Limited Liability Company)

ENTER NAME OF BROKER-EMPLOYER EXACTLY AS THAT INDIVIDUAL SOLE PROPRIETOR OR BUSINESS ENTITY IS LICENSED (Do not give the trade name.)

(continued)

ENTER LICENSE NUMBER OF BROKER-EMPLOYER

ENTER MAIN OFFICE TELEPHONE NUMBER

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ENTER THE BUSINESS ADDRESS OF THE BROKER-EMPLOYER'S MAIN OFFICE.

Number

Street

City

State

Zip Code

NOTE: This statement must be signed by the sole proprietor broker-employer or a licensed broker who is a representative of the business entity broker-employer.

THIS IS TO CERTIFY that the broker-employer listed above will assume responsibility for the licensee pursuant to the department rules.

Print/type the name of the broker signing below.

Signature of Individual Broker or Representative Broker of Business Entity

Date

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

Profession

Date of Birth _____ _____ _____
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.